

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582338

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		2				
5		1				
6		2				
7		6				
8						
9						
10						
11				/		
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TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS			10			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS						